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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO
09/399,597	09/20/1999	DAVID C. CARRITHERS	MRZ-8980	2447
7:	590 03/26/2002			
SENNIGER POWERS LEAVITT & ROEDEL ONE METROPOLITAN SQUARE 16TH FLOOR			EXAMINER	
			TESFAMARIAM, MUSSIE	
ST. LOUIS, MO 63102			ART UNIT	PAPER NUMBER
			2162	

Please find below and/or attached an Office communication concerning this application or proceeding.

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Interview Summary

Application No. 09/399,597

Applicant(s)

David C. Carrithers et al

Examiner

Mussie Tesfamariam

Group Art Unit 2162



All participants (applicant, applicant's representative, PTO personnel):				
(1) Mussie Tesfamariam				
(2) Frank R. Agovino				
Date of Interview Mar 22, 2002	_			
Type: a) ☒ Telephonic b) ☐ Video Conference c) ☐ Personal [copy is given to 1) ☐ applicant				
Exhibit shown or demonstration conducted: d) Yes	e) 🛛 No. If yes, brief description:			
Claim(s) discussed: claim 1 specifically parts d-f				
Identification of prior art discussed:				
Agreement with respect to the claims f) X was reached	l. g)□ was not reached. h)□ N/A.			
Substance of Interview including description of the genera any other comments:	I nature of what was agreed to if an agreement was reached, or			
It was agreed that claim 1 d-f are unique and it distinguis	shed over the above prior art. Additional search will be			
performed .				
(A fuller description, if necessary, and a copy of the amen allowable, if available, must be attached. Also, where no available, a summary thereof must be attached.)	dments which the examiner agreed would render the claims copy of the amendments that would render the claims allowable is			
i) 🛮 It is not necessary for applicant to provide a sepa	arate record of the substance of the interview (if box is checked).			
INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MF already been filed, APPLICANT IS GIVEN ONE MONTH FROM	MAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST PEP section 713.04). If a reply to the last Office action has OM THIS INTERVIEW DATE TO FILE A STATEMENT OF THE rd of Interview requirements on reverse side or on attached			
Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.				